

**State Personnel Board
On-Line Examination/Certification
Training Registration Form**

Instructions: Please complete all sections of this form. If you have any questions on how to complete the form, please contact Erica Davalos, On-Line Training Program at (916) 653-1169. Completed forms must be faxed to her at (916) 653-1353 or mailed to her at:

SPB - On-Line Training Coordinator
801 Capitol Mall, MS-37
Sacramento, CA 95814

ATTENDEE'S INFORMATION

Last Name:		First Name:	
E-Mail Address:		Civil Service Class:	
Agency:			
Address:			
City:		State:	Zip:
Telephone:		CalNet:	Fax:
Disability Accommodation needed? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> Auditory <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Other			

SELECT TRAINING COURSE(S): ** ALL CLASSES ARE SCHEDULED FROM 8:30 A.M. – 5:00 P.M. UNLESS OTHERWISE NOTED. **

Exam Classes

- ☐ Basic Exam Class (5 Days)
☐ Exam Waiting List
☐ Exam Enhancement (1 Day)
☐ Other (Specify) _____

Cert Classes

- ☐ Basic Cert Class (5 Days)
☐ Cert Waiting List
☐ Cert Enhancement (1 Day)

CLASS DATE PREFERENCE:

1. _____ 2. _____ 3. _____

REGISTRATION INFORMATION:

Prerequisites: (1) Attendees must have an SPB Log-on ID of their own; and
(2) Attendees must have a minimum of six months experience utilizing the On-Line system.

Confirmation of Enrollment: Approximately 2-4 weeks prior to the first day of class, a confirmation letter will be mailed or faxed to each attendee.

Waiting List: If classes have been filled, attendees will be placed on the appropriate waiting list. Cancellations will be replaced with someone from the appropriate waiting list.

Substitutions: Departments may send a substitute, as long as the substitute possesses the class prerequisites.

Cancellations: Cancellations may be made up to 5 business days prior to the first day of the class without a cancellation fee; otherwise a \$300 fee will be charged for cancellations made after the 5th business day or for no-shows.

Billing Information: Training is free for Departments that have an executed contract with the SPB's On-Line Program.

DEPARTMENTAL APPROVAL

Supervisor's Name (printed)		Supervisor's Signature Authorizing Enrollment in Training Class(es)	
		Date:	
Supervisor's Work Title:		Telephone:	
Dept. Training Coordinator:		Telephone:	